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APPLICANTS

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** CONTINUING DATA *****
None

** FOREIGN APPLICATIONS *****
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Met after Allowance	STATE OR COUNTRY GERMANY	SHEETS DRAWING 1	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 1
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Verified and Acknowledged *[Signature]* *[Initials]*
 Examiner's Signature Initials

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TITLE
 Tomography imaging system with an acquisition unit and a patient positioning table with a horizontally movable patient board

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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